



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Initial/Training* Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Send completed application and supporting documentation to:

South Dakota Board of Nursing
4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115

→ Listed as Nurse Cons.

Name of Institution: Garden Hills Assisted Living, Spearfish, S.D.

Name of Primary Instructor: Dottie Steinlicht RN, Nurse Consultant

Address: 7545 Whitetail Drive

Sturgis, South Dakota 57785

Phone Number: 605-347-6582 Fax Number: _____

E-mail Address of Faculty: dottie.steinlicht@yahoo.com

1. Qualifications of Faculty/Instructor(s): Attach curriculum vitas, resumes, or work history of registered nurse(s) demonstrating two years of clinical nursing experience.
2. List Faculty and provide licensure information:

RN Faculty/Instructor Name(s)	RN license			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Dottie Steinlicht (Dottie)</u>	<u>S.D.</u>	<u>SD-RN</u> <u>RM00042</u>	<u>10/23/2013</u>	<u>Southon</u>

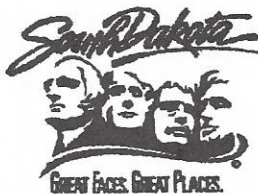
Name of Medication Administration Course: WE CARE ONLINE - per Course
Instructor Bonnie Henningson - I will do 4 HR Lab INSTRUCTION. DS

☒ The above named course is a standard curriculum previously approved by the Board of Nursing; therefore, you are not required to submit additional curriculum information. DS

- OR -

☐ Submit documentation to provide evidence that the course meets the requirements listed in ARSD 20:48:04.01 13-15:

- ☐ Attach course syllabus that includes the following: 1) Course overview; 2) Course objectives, 3) Content outline; 4) Skills training; 5) Methods of performance evaluation (provide examples - skills checklist); 6) Teaching methodologies; 7) Names of required textbooks; 8) Faculty/instructor ration which does not exceed one faculty to 8 students (1:8) in the clinical setting, and one to one ratio (1:1) as required for the skills performance evaluation.



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- ☐ Attach agenda describing program length and distribution of Hours: Minimum of 20 hours to include 16 hours classroom and 4 hours lab instruction (Note: A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction etc.)
- ☐ Attach curriculum that addresses the following requirements:
 - ☐ General information relevant to medication administration:
 - Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration, and recording of controlled substances;
 - Ethical issues;
 - Terminology, abbreviations, and symbols;
 - Medication administration systems;
 - Forms of medication;
 - Procedures and routes of medication administration (oral, rectal topical, vaginal, inhalation);
 - Medication references;
 - The role of unlicensed assistance personnel in administering medications;
 - The five rights of medication administration: right patient, right medication, right dose, right time, right route; and
 - Infection control policies and procedures
 - ☐ An overview of the major categories of medications related to the body systems, including:
1) cardiovascular; 2) endocrine; 3) gastrointestinal; 4) integumentary; 5) musculoskeletal; 6) nervous; 7) reproductive; 8) respiratory; 9) sensory; 10) urinary; and 11) immune.
 - ☐ Additional instruction shall include those categories of medications relevant to the health care setting where the unlicensed person will be employed; and
 - ☐ Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence.

Performance Evaluation:

- ☐ Attach copies of tests used for each unit in the curriculum, including a final test.
(A passing score of 85 percent is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.)
- ☐ Attach a copy of a skills performance evaluation
- ☐ Attach a copy of the completion certificate which is awarded to a person who has successfully completed the training program. The certificate must include: the name and location of the program, the full name of the student who completed the program, the signature of the faculty member in charge of the course, and the date the certificate was awarded.

Record retention requirements:

- ☐ Attach examples of forms used to support record retention:
 - Records of each person enrolled in the program, including documentation of performance and the date and reason a student withdrew or the date the student failed or completed the program;
 - Record of each faculty member teaching the program, including qualifications and nursing experience;
 - The curriculum plan and revisions;
 - All tests administered, and
 - A list of graduates of the program who were awarded certificates and the date of the award.

RN Faculty Signature: Dottie Stenlund RN Date: 9/13/12

This section to be completed by the South Dakota Board of Nursing

Date Application Received:	Date Application Denied:
Date Approved:	Reason for Denial:
Expiration Date of Approval:	
Board Representative:	
Date Notice Sent to Institution:	

South Dakota Board of Nursing
Curriculum Content Application Form: *We Care Online*

Agency/Facility Name: *Volte Steinfelds PC (for Garden Hills assisted living)*

This form provides onsite clinical RN primary instructors a guide on how to teach the content of the We Care Online curriculum. Complete column 4 with the name of RN responsible for teaching the 4-hour clinical lab portion of training (bottom of page 2). Submit completed form to BON with your Medication Administration Training Program application.

		8 hrs.	Online RN Instructor: Bonnie Henningson	
<p>1) General information relevant to the administration of medications, including:</p> <p>a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration and recording of controlled substances;</p> <p>b) Ethical issues;</p> <p>c) Terminology, abbreviations and symbols;</p> <p>d) Medication administration systems;</p> <p>e) Forms of medication;</p> <p>f) Procedures and routes of medication administration;</p> <p>g) Medication references available</p> <p>h) The role of unlicensed assistance personnel in administering medications</p> <p>i) The five rights of medication administration: right patient, right medication, right dose, right time, right route and</p> <p>j) Infection Control policies and procedures</p>	<p>1. Governmental regulations related to the medication administration</p> <ul style="list-style-type: none"> • SD Specific Legal Requirements <p>2. Administration of medications and controlled substances (CS)</p> <p>3. Storage of medications and CS</p> <p>4. Recording of CS</p> <p>5. Ethical issues</p> <p>6. Terminology, abbreviations, and symbols</p> <p>7. Medication administration systems</p> <p>8. Forms of medication</p> <p>8. Procedures and routes of medication administration</p> <p>10. Medication references available</p> <p>11. The role of unlicensed assistance personnel in administering medications</p> <p>12. The five rights of medication administration</p> <ul style="list-style-type: none"> • Right Patient • Right Medication • Right Dose • Right Time • Right Route <p>13. Infection Control policies and procedures</p>			<p><i>Required text for self-study:</i></p> <p>Gauwitz, Donna F. (2009). <i>Administering Medications: Pharmacology for Health Centers</i>, 6th Ed, Pub McGraw-Hill. ISBN: 978-0-07-352085-8</p> <p>Self-study, read:</p> <p>SD Specific Legal Requirements Ch. 1: Orientation to Medications Ch. 2: Principles of Drug Action Ch. 3: Measurements & Dosage Adjustments; Ch. 5: Medication Therapy; Ch. 6: Vitamins Minerals & Herbs; Ch. 7: Antibiotics & Antifungals; Ch. 8: Drugs for the Eye & Ear; and Ch. 8: Drugs for the Skin;</p> <p>Online content for Unit 1 posted on the course platform. Click on the links provided to state regulations.</p> <p>Student required to post answers to discussion questions for Unit 1 online. Go online to labs tab and review Unit 1 games for learning.</p>
<p>Unit Test (ARSD 20:4804.01:14 -- Tests are developed for each unit in curriculum, including a final test. A passing score of 85% is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.</p>	<p>Administer Unit 1 exam.</p>	<p>0.5 - 1 hr.</p>	<p>Bonnie Henningson</p>	<p>Passing score of 85% required; may retake exam once. Scores will be provided to RN instructor by We Care Online. (Individual RN primary instructors are expected to maintain the We Care Student Log Form for their students.)</p>

<p>2) An overview of the major categories of medications related to the body systems, including:</p> <ul style="list-style-type: none"> a. Cardiovascular; b. Endocrine; c. Gastrointestinal; d. Integumentary; e. Musculoskeletal; f. Nervous; g. Reproductive h. Respiratory i. Sensory j. Urinary; and k. Immune 	<p>14. An overview of the major categories of medications related to the body systems, including:</p> <ul style="list-style-type: none"> a. Cardiovascular b. Endocrine c. Gastrointestinal d. Integumentary e. Musculoskeletal f. Nervous g. Reproductive h. Respiratory i. Sensory j. Urinary k. Immune 	<p>8 hrs.</p>	<p>Bonnie Henningson</p>	<p>Self-study, read: Ch. 11: Drugs for Respiratory; Ch. 12: Drugs for Gastrointestinal; Ch. 13: Drugs for the Urinary System & Fluid Balance; Ch. 14: Drugs for the Reproductive System; Ch. 15: Drugs for the Endocrine System; Ch. 16: Drugs for the Musculoskeletal System; Ch. 17: Drugs for the Nervous & Sensory Systems;</p>
<p>3) Additional instruction shall include those categories of medications relevant to the healthcare setting where the unlicensed person will be employed; and</p>	<p>15. Overview of specific types of drugs for certain patient/resident populations including: a. Mental illness or behavioral b. Cancer c. Pediatric patients d. Geriatric patients</p>		<p>Bonnie Henningson</p>	<p>Self-study, read: Ch. 18: Psychotropic Drugs; Ch. 19: antineoplastic Drugs; Ch. 20: Drugs for Pediatric Patients Ch. 21: Drugs for the Geriatric Patient</p> <p>Online content for Unit 2 posted on the course platform. Student required to post answers to discussion questions for Unit 2 online. Go online to labs tab and review Unit 2 games for learning.</p>
<p>Unit Test</p>	<p>Administer unit 2 exam</p>	<p>0.5 - 1 hr.</p>	<p>Bonnie Henningson</p>	<p>Passing score of 85% required; may retake exam once.</p>
<p>Final Test</p>	<p>Administer comprehensive final exam</p>	<p>0.5 - 1 hr</p>	<p>Bonnie Henningson</p>	<p>Passing score of 85% required; may retake exam once.</p>
<p>4) Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence. (ARSD 20:48:04.01:14 Faculty-to-student ratio cannot exceed 1:8 in clinical setting. A 1:1 ratio is required for skills performance evaluation.)</p>	<p>• Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8; • Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.</p>	<p>4 hrs</p>	<p>Onsite Clinical RN Instructor(s): <i>[Signature]</i> <i>[Signature]</i></p>	<p>Complete required Skills Performance Evaluation form for each student that passes tests. (additional checklists may also be completed as desired)</p>
<p>Required hours: 16 classroom instruction + 4 laboratory instruction 20 hours</p>		<p>21.5 - 23 hrs</p>		

SD BON Reviewer Use Only 9/14/12 Criteria Met: ☒ Yes ☐ No; reason denied: _____
 Date Application received: _____
 BON Staff Representative: [Signature]